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To Write a Great Story: Margiad Evans's 'The Nightingale Silenced'

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In 1954 Margiad Evans wrote an account of her experience of the epilepsy which she had suffered from for some time, but which had moved into a new, acute phase.

While she was a patient in Tunbridge Wells Hospital, she filled a series of six red notebooks with her reflections on her illness. Her aim was not to describe treatment, which she considered the physician's business, but her symptoms; her perspective was that of the patient: 'my side of the illness' (ms 4). Her declared intended reader, however, was the physician, and her desire to 'put into [his, and indeed her] hands a book of clues to the sensations of such an epileptic' as herself. Although it never reached print, the account, which she called 'The Nightingale Silenced', was intended for publication. Her earlier *A Ray of Darkness* (1952) charted the onset of her condition in earlier middle age and it is here that she first described the 'longing to write of one's symptoms' which appears 'like an inspiration to write a great story' (Evans, 1952, 10). In 1954 she was 45 and had a two year old daughter.

The need to tell the story of one's illness is widely acknowledged. Arthur W. Frank's seminal work, *The Wounded Story Teller* (1995), as the title suggests takes pathography as its subject: 'the stories that ill people tell come out of their bodies', he says. 'The body, whether still diseased or recovered, is simultaneously cause, topic, and instrument of whatever new stories are told'. A major illness forces the need to renegotiate our relationship with our bodies and the world. Things that we took for granted when we were well are inconceivably impossible once we are not. The need to tell and repeat is something Evans noticed among her companions on the ward: by this stage, she had experienced various hospitals, and felt that Tunbridge Wells's was

‘the easiest and most amusing’ she had ever been in. There were no restrictions she says ‘on any comfortable vice such as smoking, which is my own or the bandying of symptoms, which is not’ (ms 13). It’s interesting that ‘the bandying of symptoms’, which is another way of expressing the need to articulate what is happening to the body, was not generally encouraged by the medical profession at the time.

It’s interesting too that Evans disassociates herself from this common form of illness narrative which habitually takes place, the endless describing and discussion of symptoms, instead seeing her own compulsion to write her story as a separate activity, belonging to a different sphere. There is, then, a need to assert her individuality and she draws on her identity as a writer in order to do this. At various crucial points throughout her account, she returns to it as an established fact as if to reassure herself that something of her former self survives.

Evans is highly conscious of her surroundings as she writes. She is on a women’s ward and hers is one story among many. She is an individual, but her own story also comes to stand for those of others: she describes meeting a woman who has similar symptoms, though from different causes: and concludes ‘I am not quite talking to myself where my fellow patients talked aloud. Neither am I talking to her; but *for* her’ (ms 5).

The sufferers therefore I think of not only as sufferers but as texts and not only texts but as human beings each with his joys and reliefs as well as pains and pangs. These pains and pangs are very dreadful I know. So dreadful that the mark of them on another’s face makes me weep; but also necessarily to be explored by young physicians, who, in their turn, will have to hear them, for they are the pains of death (ms 5-6).

Bodies become texts to be read – the sum of the stories of their illnesses.

The compulsion to write worked in opposition to the physical impulse she had to 'lie down and be warm and sleep', a sensation which, she said, 'is very like a longing to die' (ms 2): in other words, to surrender her identity. But against this 'there remains something obstinate, instinctive expressive which wants to speak, to testify, to reason, to raise up myself and others like me'. She has an inalienable desire to bear witness. It is, she says, Lazarus, and not Jesus who calls her (ms 2). In this analogy, the act of story-telling and writing is equated with the act of life itself. Like characters in Beckett's plays and fiction, as long as you have a voice and use it, death is postponed. Jesus, in this analogy then, stands for death. Evans, brought up to be a Christian, had little patience with formal religion but had strong spiritual beliefs which were important in making sense of and reconciling her to her illness.

'During certain types of minor attack,' she says, 'the mind is emptied even to the extent of not knowing what to do with the body', and she gives the following as an example:

It happened that a nurse brought me pills when I was in the middle of such a minor attack and practically fully conscious in the sense that consciousness usually seems to mean. I was walking up and down in my cubical. I looked at the pills which I had taken for four years and asked 'what shall I do with them?' She replied 'swallow them my dear'. And I instantly did so. This prising of mind and body is most horrible, terrifying and revolting (ms 13)

Reason is no help, though a sense of residual reason endures – sometimes even during episodes - and Evans tries to measure how far her illness has detached her from her earlier sense of reality. In her opinion, epilepsy is a mental illness, a claim which had been disputed by the 1950s, so she supplies her own defence in her narrative:

In speaking of epilepsy, perhaps of all mental illnesses one has to use vague and qualifying words. For instance, the disorder itself is both mental and not

mental - it is nervous and intensely physical, but in some of its manifestations, particularly between bouts of attacks ... it must be faced, that it affects the sufferer in a way that can only honestly be called mental. I say this after four and a half years of suffering: nor would I have believed it in the beginning. (ms 27)

This is her testimony, whether it agreed with received medical opinion at the time or not.

Most compelling is the way in which in her experience familiar inanimate objects become invested with intent to harm, sometime they are malevolent. Here Evans is describing what Freud might have termed the uncanny. She remembers looking at a tree,

an old cherry tree, in bloom which grows over our bungalow, and asking why it was so terrifyingly different. Inside the bungalow things were much worse. An appalling terror which nobody who has not experienced it could believe, a terror amounting to panic seemed to emanate from every piece of furniture, every book, every saucepan....the more real an object surrounded by this unreal horror became the worse it was. Had this been some hallucination, something unusual it might have been easier. But the objects I knew did not want my body; it was my mind they wanted to destroy (ms 26-7).

This passage is followed by a sentence of remarkable clinical detachment:

‘Unfortunately I wrote no poetry while in this state, for it would have been interesting’. The very experience of recalling that particular dreadful mental state is so distressing that it demands a retreat into the safer (and known) identity of writer and in particular, perhaps, a writer of poetry where image and metaphor have heightened importance. Can prose do justice to the experience? Certainly the poetic device of repetition is used to interesting effect in this passage: the cherry tree is ‘terrifyingly different’, Evans feels ‘appalling terror’ and says that the ‘terror ...seemed to emanate from every’ object. It is not just that she perceives objects as terrible, but that they themselves project terror. Repetition, then, binds perceiver and perceived into a whole, so that inner and outer worlds converge in a fearful, unknown,

and threatening way. Inanimate objects are invested with a will of their own, and a desire to destroy her mind, the stuff of her consciousness and the seat of her identity.

The body, Frank says, 'is often alienated, literally "made strange", as it is told in stories that are instigated by a need to make it familiar' (1995, 2). Here the affliction of Evans's body and mind makes the world around her strange. The laws of physics no longer hold good: lying in bed at home enduring the second day of a fearful episode, Evans felt herself to be attacked by 'eerie and impalpable sensations'. 'I could' she says, 'think of nothing but *doors*' [her emphasis], and she repeats:

As I lay in bed very uncomfortable and terribly uneasy I could think of nothing but doors. I wanted them shut and open at the same time. There seemed to be long periods when that was actually possible & that not only was the door of my bedroom both shut and open but that I was that door myself. In *A Ray of Darkness* it has been told how nearly every fit took place in a doorway: whether the old associations lay deep in my brain or whether there is anything to be learned from this delusion the readers who are competent must judge.

The desire to have those doors shut and open at the same time speaks of a need to synthesise, to make a connection between the well person she was, and the sufferer she has become.

On that particular day, fearful that she was going out of her mind, that she was on the edge of a nervous breakdown, and that she might harm her small daughter, Evans had persuaded her husband to find child care for Cassandra, while a woman from the village remained at home with her. But visitors began to arrive, and she felt 'wilder and wilder' exhausting her 'tired and threatened brain' while apparently remaining externally calm. Then, paradoxically, her feeling was that the disease which caused her new and terrible relationship with reality also told her what to do to save herself:

‘fall down on the floor and frighten them’. She remarks that she ‘always found that there is profound sense in my illness’. This seems quite at odds with the ‘restless horror’, the ‘utterly evil, utterly causeless panic’ (31) which she describes elsewhere, but the fake ‘fit’ does the trick and gets rid of the visitors.

The horror does not abate once she is alone again: ‘every object became impregnated with terror. I was still trying to reason & so in their fashion were *they*’ – the objects –

I felt as if the hair on my head was whitening...and my body withering: I tried to read a simple women’s paper and the paper as I held it terrified me: I looked out of the window and saw a world made of trembling change (31)

The narrative falters rather here, perhaps from the intensity of retrieving the memory:

Then I began to lock the doors from the *inside* to stop myself from getting *out*, and to throw my keys out of the window in case I should take an overdose: I did think of a particularly long vicious carving knife, but as I had often thought how easy it could be to kill before, this image was blunted and I was able to tell myself not to be a fool (32).

Locking herself *in* would not in fact prevent her from taking an overdose, so there is an inconsistency in the account, but what I find extraordinary here is the shift from the impulse for self-preservation – faking a fit to relieve herself of the relentless good-natured but exhausting company of neighbours -and then almost immediately harbouring suicidal thoughts. There seems to be little ‘profound sense’ in her illness at this point, but that is something that she herself fails to register. It is significant that the ‘long vicious carving knife’ poses less of a threat because it is an ‘image’ that she is familiar with.

Later Evans learned that while she appeared to be a quiet patient ‘suffering possibly from exhaustion but showing almost no other symptom’, she was in fact having

convulsions that were ‘confined to mental sensations only’ (35) In medical terms this presumably reconciles the contradictions of her faith in her illness to give her sound advice to save herself, and similarly to kill herself - unless we countenance the notion of death as a means of preservation, which is not a new idea in literature: Virginia Woolf’s shell-shocked character Septimus Smith throws himself from a high window onto rusty railings in order to preserve his identity. (Evans refers to Virginia Woolf in this manuscript, though not to *Mrs Dalloway* (1925), the novel in which Septimus Smith appears).

The following day, taken by ambulance to the Bushey Neurological Institute, she had an impulse to ‘leap out of bed and tear open the ambulance doors’. Her whole attention ‘was focused on those doors’; she doesn’t say whether this was a suicidal impulse or a return of the philosophical question of whether doors can be open and closed at the same time, or indeed if, as she suggested, that she could be the door itself. From a literary perspective the image of doors is a potent one, from Aldous Huxley’s account of the mind-altering drug mescaline in *Doors of Perception* (published in 1954, and roughly contemporaneous with Evans’s manuscript), to a more general sense of being between two separate spaces, poised on the brink of a new experience. ‘One of the peculiarities of my small attacks of confusion’ she says, ‘was wanting to reach a doorway and dash through it’ (125): there’s a sense of compulsion present in that statement, as well as a recognition that as the experience cannot be avoided, so she might as well get it over with.

Her own interpretation brings in a spiritual dimension, significantly once again endorsing a split between the physical and the spiritual:

As for the inevitable longing to escape, the sinister concentration upon doorways, it did seem always as if the spirit were seeking refuge and searching vainly, madly, rapidly for another firmer and more assailable home (130)

Before convulsions she would often feel a mental sensation of ‘sudden light upon the body ...I felt as if a ray of pure daylight concentrated upon my body’ (128), and again it is as if ‘some great being or light in another space had opened a shutter’ (134). Her identification with Saint Teresa will come as no surprise then, given the religious connotations of the imagery of light here. The illness has different aspects, for what she calls the general ‘Cloud of Epilepsy’ also produces besides confusion, ‘enlightenment, quickness of mind, a love of the Aesthetic and of God’. The cloud is not ‘utterly black’, but also a ‘golden cloud’ (61).

This is one side of a popular perceived view of epilepsy, which has historically been considered a shameful affliction associated with insanity and moral degeneracy and on the other hand as having mystical and spiritual qualities, like Dostoevsky’s characterisation of Prince Myshkin in his novel *The Idiot* (1868). Evans also refers to Dostoevsky in her manuscript, claiming that ‘all [his] characters are epileptic’ (168), and in *A Ray of Darkness* she reminds us that epilepsy was once called ‘Possession’ (Evans, 1952, 11).

In 1893 Sutter wrote that epilepsy is ‘a disorder of the borderland between body and soul’ (quoted in Lannon: 2002, 1032) his image relying on notions of separation between the two, while at the same time insisting on their connection. Evans’s own preoccupation with doorways suggests a similar idea of ‘borderland’ – neither in one place nor another, but poised between two realms: one terrifying, the other spiritual.

I've mentioned Virginia Woolf as one of the writers Evans draws on; in fact she quotes from one of Woolf's short stories, saying that although she is not suggesting that Woolf was an epileptic, what follows reads like a description of a minor seizure:

And over them both came instantly that paralysing blankness of feeling when nothing burst from the mind, when it's walls appear like slate, when vacancy almost hurts, and the eyes petrified and fixed see the same spot, a pattern, - a coal scuttle - with an exactness which is terrifying, since no idea, no impression of any kind, comes to change it, to modify it, to embellish it, since the fountains of feeling seem sealed and as the mind turns rigid so does the body ('Together and Apart')

The use of the word 'terrifying' there echoes a repetition of Evans's own, while Woolf's characteristic and driving concern to describe and record consciousness effectively defamiliarises ways in which we observe inanimate objects.

Evans believes that her kind of chronic illness is deeply connected with religion, metaphysics and poetry. She invokes Milton and Bunyan, both religious writers whom she credits with returning religion to a 'first joyous life' which, she says, 'creeds have destroyed' (140). But she has a more vested interest in a claim she makes that 'nearly all writers are ill' (70), for by making it, she places herself in that their company, and finds a reason for both her altered states of consciousness and her identity as a writer. At one stage she considered her epilepsy an affliction visited upon her because she had not remained true to her calling as a writer. In this narrative, the last sustained piece that she wrote, she says that her task has been that of

giving an outside inside story. And it is my belief that if more people had attempted to do it, we should not now ask what mysterious madness killed the mind of the great Swift who was so marvellously equipped to describe, should not now be puzzled by the intellect of a Byron and could relieve a John Clare of the pain of genius while leaving him it's joy (4)

This is one aim. Another unspoken, implicit need is to provide a rationale for her life-destroying illness - 'nearly all writers are ill' - and in so doing, retrieve her identity as

a writer to see herself through the vicissitudes of her illness. In this way she secures a place for herself in a context of celebrated writers, and continues to make use of her talent and ability while she still has the strength. As she wrote in *A Ray of Darkness*, 'our health is a voyage: and every illness is an adventure story' (11).

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